

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709132

1. Entity Name

EASTER SEALS EAST CENTRAL FLORIDA, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90060 034 ****61.25

Principal Place of Business

3661 SOUTH BABCOCK STREET
MELBOURNE FL 32901-8221

Mailing Address

3661 SOUTH BABCOCK STREET
MELBOURNE FL 32901-8221

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0881758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPANAGEL, H.A.
3661 SOUTH BABCOCK STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32901-8221

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DROPSKI, CYNTHIA R 680 EAU GALLIE BLVD MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC REEDER, BRUCE 2495 WICKHAM ROAD MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC WILLMARTH, ROBERT 261 NAYLOR DRIVE WEST MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KRASNY, SCOTT 304 HARBOR CITY BLVD, SUITE 201 MELBOURNE FL 32919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STARLING, DALE P.O. BOX 372978 SATELLITE BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO REAM, GERALD L 3661 S BABCOCK ST MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORBY, JOANNE 3661 S. BABCOCK STREET MELBOURNE FL 32901-8221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC REEDER, G. BRUCE 1421 GATEWAY DRIVE, MELBOURNE FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC WILLMARTH, ROBERT 261 NAYLOR DRIVE, WEST MELBOURNE 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PORTER, VICKI LEBLANC 1901 S. HARBOR CITY BLVD, STE. 500 MELBOURNE FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMENT, ANDY 1499 S. HARBOR CITY BLVD, STE. 20 MELBOURNE FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

(321) 723-4474 X3105

Date

Daytime Phone #

CR2E037 (10/00)